

Submit to Local Licensing Authority

Fees Due	
Renewal Fee	
Storage Permit \$100 X _____	\$ _____
Optional Premise \$100 X _____	\$ _____
Amount Due/Paid	\$ _____

Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

Retail Liquor or 3.2 License Renewal Application

Please verify & update all information below

Return to city or county licensing authority by due date

Licensee Name				DBA	
Liquor License #	License Type	Sales Tax License #	Expiration Date	Due Date	
Business Address				Phone Number ()	
Mailing Address			Email		
Operating Manager	Date of Birth	Home Address		Phone Number ()	
1. Do you have legal possession of the premises at the street address above? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the premises owned or rented? <input type="checkbox"/> Owned <input type="checkbox"/> Rented* *If rented, expiration date of lease _____					
2. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No					
4. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Affirmation & Consent					
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.					
Type or Print Name of Applicant/Authorized Agent of Business				Title	
Signature				Date	
Report & Approval of City or County Licensing Authority					
The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S.					
Therefore this application is approved.					
Local Licensing Authority For				Date	
Signature		Title		Attest	